Community Housing and Therapy

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Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Insufficient evidence to rate
Are services safe?	Insufficient evidence to rate
Are services effective?	Insufficient evidence to rate
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Insufficient evidence to rate
Are services well-led?	Insufficient evidence to rate

Summary of findings

Overall summary

Community Housing and Therapy provides a therapeutic programme and specialised housing to adults experiencing emotional, psychological and mental health problems.

This was a focused inspection that covered specific aspects of safe, effective, caring, responsive and well-led. Our inspection was limited to the scope of work undertaken by the consultant psychiatrist. The consultant psychiatrist provided advice, information and support to staff teams and patients at the providers three residential services.

There was insufficient evidence to rate the service.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.

Care and treatment records were personalised, holistic and recovery orientated. There was a strong emphasis on co-production.

The service provided care and treatment based on national guidance and evidence-based practice. A therapeutic community model of care incorporating Psychologically Informed Environments (PIEs) framework was in place. Staff provided a range of care and treatment suitable for the patients in the service, this included psychodynamic psychotherapy, a range of psychosocial groups and psycho-education.

Staff monitored the effectiveness of care and treatment.

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. In feedback that we reviewed patients were generally very positive about the consultant psychiatrist, they commented that they were listened too, treated with respect and dignity.

There were effective governance processes which ensured that procedures relating to the work of the service ran smoothly.

However:

Processes for ensuring first aid equipment was in date needed to be strengthened.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Insufficient evidence to rate 	See overall summary above

Summary of findings

Contents

Summary of this inspection

Background to Community Housing and Therapy

Community Housing and Therapy is a charitable organisation that provides a therapeutic programme and specialised housing in recovery communities with integrated therapy and therapeutic activities to adults experiencing emotional, psychological and mental health problems.

These services are provided at the providers three residential services.

The service is registered with the CQC to provide the following regulated activity:

• Treatment of disease, disorder or injury.

We inspected the regulated activity that was delivered by one employed consultant psychiatrist who worked eight hours a week. The consultant psychiatrist provided advice, information and support to staff teams and patients at the providers three residential services. They did not prescribe any medicines or conduct medical treatment. All patients retained their responsible clinician from the community mental health team or general practitioner.

We did not inspect or report on the services managed by the individual residential services as these are inspected separately by CQC. Our inspection was limited to the scope of work undertaken by the consultant psychiatrist. The provider was in the process of applying to remove the regulated activity from this location and adding this to the registration of the residential services.

The service had a registered manager.

What people who use the service say

We did not speak with any patients.

The service gathered feedback on the consultant psychiatrist from patients using the service through patient feedback questionnaires.

We reviewed recent feedback. Patients were generally very positive about the consultant psychiatrist, they commented that they were listened too, treated with respect and dignity.

How we carried out this inspection

This was a planned inspection with a two-day announcement period.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

• Is it safe?

• Is it effective?

Summary of this inspection

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

Before the inspection visit, we reviewed information that we held about Community Housing and Therapy.

Our inspection team comprised of two CQC inspectors. During out inspection, the inspection team:

- visited the office location on 8 June 2022
- spoke with the consultant psychiatrist, registered manager, service manager and the three managers of the residential services run by the provider. Our last manager interview was on 17 June 2022
- carried out a tour of the premises
- reviewed four care and treatment records completed by the consultant psychiatrist
- reviewed patient feedback survey results
- looked at a range of policies, procedures and other documents relating to the running of the service

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure that processes are in place for checking first aid equipment to ensure all the contents of first aid boxes are up to date.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate
Overall	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate	Insufficient evidence to rate

Community-based mental health services for adults of working age

Insufficient evidence to rate

Safe	Insufficient evidence to rate
Effective	Insufficient evidence to rate
Caring	Insufficient evidence to rate
Responsive	Insufficient evidence to rate
Well-led	Insufficient evidence to rate

Are Community-based mental health services for adults of working age safe?

Insufficient evidence to rate

We did not inspect the whole of safe during this inspection and therefore did not rate the key question.

Safe and clean environment

Patients were not seen at the location. Patients were seen by the consultant psychiatrist at the services registered residential locations.

The service we inspected was being used a staff and administrative base. There were no clinical services being delivered within the building and there was no clinical equipment. All clinical equipment was kept and maintained in the individual residential premises. The service did not hold medical emergency equipment on site.

An external company completed a fire risk assessment of the building on 17 February 2021. This only covered the communal areas. The service had their own fire evacuation plan, access to fire equipment and staff had completed fire safety training. Fire drills took place every six months for all businesses who rented space in the building.

The service had completed a health and safety assessment of the office area in August 2021. Portable appliance testing of electrical equipment had been carried out in September 2021. The service had three first aid boxes. We reviewed the contents of the first aid boxes and found that six bandages were out of date. The service had no processes in place to regularly check the contents of the first aid box.

Safe staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

We reviewed the employment checks carried out on the consultant psychiatrist to ensure their fitness to work. A criminal records check had been carried out and was in the process of being renewed at the time of our inspection, two references from previous roles were available and the consultant's professional registration had been checked through the General Medical Council (GMC).

Community-based mental health services for adults of working age

Insufficient evidence to rate

Medical staff

The consultant psychiatrist was employed to work eight hours a week. Each residential service was visited once a month on a rotation basis. The consultant psychiatrist reported that they had a full induction when they joined and understood the services clinical model.

Mandatory training

The consultant psychiatrist had completed and kept up-to-date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

The consultant psychiatrist supported staff in the residential services with risk assessments and carried out a risk assessment each time they met with an individual patient. They also helped staff to develop crisis plans for individual patients and when to use them. Where required, the consultant psychiatrist supported staff when they were liaising with individual responsible clinicians, community mental health teams, general practioner and care coordinators.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff reported that patient risks were discussed and reviewed at each handover meeting. The consultant psychiatrist was provided with an update on each patient's risk presentation, key information, progress and whether there had been any changes before they met with the patient.

Care and treatment records, we viewed detailed any risk discussions that the consultant psychiatrist had with individual patients. These were also feedback to the staff team so that they were aware.

Safeguarding

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The consultant psychiatrist reported that they felt confident to raise issues with the senior management team. Safeguarding referrals were reviewed at the clinical meeting and quarterly service reviews for each residential service.

Community-based mental health services for adults of working age

Insufficient evidence to rate

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

We reviewed the clinical records maintained by the consultant psychiatrist. These were comprehensive, up-to-date and detailed individual discussions with the patient. The service used a combination of electronic and paper records. The consultant psychiatrist could access them easily.

Medicines management

At the time of our inspection, the service did not prescribe or store medicines. However, the consultant psychiatrist advised staff and reviewed the effects of each patient's medicines on their physical health according to National Institute of Health and Care Excellence (NICE) guidance. For example, ensuring that staff arranged for regular blood tests and electrocardiograms (ECGs) were carried out for patients.

Track record on safety

The service had a good track record on safety. There had been no incidents reported in relation to the work of the consultant psychiatrist.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Incidents across the organisation were analysed for any themes and trends.

We reviewed four incidents. These had been completed thoroughly and evidenced the investigation and changes required to the patients care and treatment plan.

Managers debriefed and supported staff and patients after any serious incident in the residential services.

Staff received feedback from investigation of incidents, both internal and external to the service through the monthly clinical team meetings.

Are Community-based mental health services for adults of working age effective?

Insufficient evidence to rate

We did not inspect the whole of effective during this inspection and therefore did not rate the key question.

Assessment of needs and planning of care

Community-based mental health services for adults of working age

Insufficient evidence to rate

Staff worked with patients to ensure that their individual needs were met. The consultant psychiatrist made recommendations following consultation with the patient. These recommendations were then added to the patients care plan by the keyworker. All three managers reported that the psychiatrist provided input into the patient's therapy plan.

Best practice in treatment and care

The service provided care and treatment based on national guidance and evidence-based practice. The service used a therapeutic community model of care incorporating Psychologically Informed Environments (PIEs) framework. The framework incorporated overall service operation and design, whilst considering the individual needs of the patients.

Staff provided a range of care and treatment suitable for the patients in the service, this included psychodynamic psychotherapy, a range of psychosocial groups and psycho-education.

Staff made sure patients had support for their physical health needs, either from their GP or community services. During individual consultations the psychiatrist would review medicines, side effects and advise staff about whether blood tests or ECG's were required. They also supported staff with writing correspondence to other professionals.

Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes. The service used Health of the Nation Outcome Scores (HONOS), Clinical Outcomes in Routine Evaluation assessments (CORE) and The Questionnaire about the Process of Recovery (the QPR) to measure the effectiveness of care and treatment.

Skilled staff to deliver care

The consultant psychiatrist had extensive experience of working with people with mental health conditions and trauma informed care. They were also trained as a medical psychotherapist. The registration, annual revalidation and appraisal of the consultant psychiatrist were up to date.

The consultant psychiatrist received regular clinical supervision of their work by the lead psychotherapist. They also attended the monthly clinical team meeting and quarterly senior managers meeting. Where they were not able to attend minutes of these meetings were available.

Managers made sure staff received any specialist training for their role. The service offered the Diploma in Relational Practice training programme for staff in the services. The psychiatrist could access any of the training offered by the provider.

Multidisciplinary and interagency team work

Staff reported that there good working links, with primary care, social services, and other teams external to the organisation.

Staff told us there was good communication between professionals at the service to ensure effective patient care. Staff made sure they shared clear information about patients and any changes in their care.

Good practice in applying the Mental Capacity Act

Community-based mental health services for adults of working age

Insufficient evidence to rate

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients before they met with the psychiatrist for a medical consultation in line with legislation and guidance.

People only received care and treatment they consented to.

Are Community-based mental health services for adults of working age caring?

Insufficient evidence to rate

We did not inspect the whole of caring during this inspection and therefore did not rate the key question.

Kindness, privacy, dignity, respect, compassion and support

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when discussing patients.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. During consultations the consultant psychiatrist discussed the side effects of medicines and ways in which they could be managed by the patient.

Patients had the opportunity to feedback on the quality of the consultations they received. We reviewed recent feedback. Patients were generally very positive about the psychiatrist, they gave feedback that they were listened too, treated with respect and dignity and agreed actions to take forward.

Involvement in care

There was strong focus on co-production. Staff involved patients and gave them access to their care plans. Patients were involved in the development of their care and risk management plans. Where patients had been involved in incidents the incident records detailed patients own understanding of the incident and feedback.

Staff made sure patients understood their care and treatment. During individual consultations patients were encouraged to ask questions and seek clarification if they did not understand any aspect of their care and treatment.

Are Community-based mental health services for adults of working age responsive?

Insufficient evidence to rate

We did not inspect the whole of caring during this inspection and therefore did not rate the key question.

Access and waiting times

Community-based mental health services for adults of working age

Insufficient evidence to rate

The consultant psychiatrist understood the needs of patients and supported them accordingly. Staff in the residential services made the patients aware of the visit dates when the consultant psychiatrist would be visiting the service. If a patient wanted a medical consultation, then the staff would arrange an appointment with the doctor.

The consultant psychiatrist did not have a waiting list.

During the COVID-19 pandemic the consultant arranged consultations to be carried out virtually. All patients were seen either with the keyworker or individually. All three managers reported that a range of rooms were available at each service that the consultant psychiatrist could use to see patients.

Listening to and learning from concerns and complaints

The provider had a complaint policy and procedures in place to investigate complaints. The registered manager shared learned lessons from individual concerns, complaints and from analysis of trends with staff. Learning was used to improve the service.

Are Community-based mental health services for adults of working age well-led?

Insufficient evidence to rate

We did not inspect the whole of well-led during this inspection and therefore did not rate the key question.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. The registered manager was also the nominated individual for the service.

The registered manager was knowledgeable about issues and priorities relating to the quality and future of service. They understood the challenges and addressed them appropriately.

Staff we spoke with told us leaders were visible and approachable. Staff told us they felt supported and confident to raise any issues with managers.

Culture

Staff felt respected, supported and valued. They described the service as having an open culture. Staff felt able to raise concerns without fear of retribution. Staff said that managers were open and approachable and acted on concerns straight away.

The consultant was proud of the service and the work that they carried out with individual patients. The consultant ensured they remained up to date with their practice and was supported to meet the requirements of professional revalidation.

Community-based mental health services for adults of working age

Insufficient evidence to rate

All staff had access to a weekly reflective practice group that gave them the opportunity to talk about their experiences and improve the quality of the work they did.

Staff had access to occupational health services and could refer themselves directly.

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers held multiple meetings within the service. This included regular meetings with board members, clinical team meetings, and senior manager meetings. Meetings were used to discuss the progress in each residential service, overall business performance and development. The consultant psychiatrist confirmed that he attended the clinical and senior manager meetings. They also met regularly with other psychotherapists working within the service. The registered manager and senior leadership team were aware of areas where improvements could be made and were committed to improving care and treatment for patients, for example the service had introduced a social worker role to support each residential service.

Management of risk, issues and performance

Governance and performance monitoring arrangements were in place to support the delivery of the service, identify risk and monitor the quality and safety of service provision. Regular clinical team meetings, senior manager meetings and quarterly service reviews of each residential service took place. The provider maintained a risk register which monitored risks within the service.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff we spoke with told us they were involved in discussion about the changes being made to the service, for example changes to the CQC registration and regulated activities. They told us that changes were discussed at each meeting.